The vertical desiration of the second	nilding Permit PERMIT on Premises During Construction 000035466
APPLICANT SONYA CREWS	PHONE 863-517-5701
ADDRESS 825 NW TURNER AVE. APT 102	LAKE CITY FL 32055
OWNER FIVE ASH FOREST LLC/MARY THRASHER MH	PHONE 397-6664
ADDRESS 210 NW WILLOWBROOK GLN	LAKE CITY FL 32055
CONTRACTOR RONNIE NORRIS	PHONE 386-623-7716
LOCATION OF PROPERTY 90 W, R BROWN RD, R TURNBE	ERRY DR, R WILLOWBROOK,
8TH ON RIGHT	
TYPE DEVELOPMENT MH. UTILITY EST	TMATED COST OF CONSTRUCTION 0.00
HEATED FLOOR AREA TOTAL AREA	A HEIGHT STORIES
FOUNDATION WALLS RO	OOF PITCH FLOOR
LAND USE & ZONING RSF-2	MAX. HEIGHT 35
Minimum Set Back Requirments: STREET-FRONT 25.00	REAR 15.00 SIDE 10.00
NO. EX.D.U. FLOOD ZONE X	DEVELOPMENT PERMIT NO.
PARCEL ID 28-3S-16-02376-000 SUBDIVISION	N FIVE ASH
LOT 8 BLOCK PHASE UNIT	TOTAL ACRES 36.00
11410251451	L Spara Carried
Culvert Permit No. Culvert Waiver Contractor's License Numl	ber Applicant/Owner/Contractor
EXISTING 17-0394-E LH	<u>M</u>
Driveway Connection Septic Tank Number LU & Zoning checke	ed by Approved for Issuance New Resident Time/STUP No.
COMMENTS: EXISTING MH PARK, REPLACEMENT UNIT	
FLOOR ONE FOOT ABOVE THE ROAD	
	Check # or Cash 5805
FOR BUILDING & ZONING	G DEPARTMENT ONLY (footer/Slab)
Temporary Power Foundation	G DEPARTMENT ONLY (footer/Slab) Monolithic
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"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. A VALID PERMIT RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.